

RAVEL EXPENSE CLAIM

**See Instructions and Privacy
Statement on Reverse Side**

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FD-262 (REV. 10/92)

AIMANT'S NAME

ric Swedlund

POSITION

Deputy Director

RESIDENCE ADDRESS

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Washington DC Office

CB/ID NUMBER

DIVISION OR BUREAU

INDEX NUMBER

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES	AMOUNT		
Mar-09		Washington, DC							/	10.00		0.00		10.00
24-Mar		Washington, DC							/	10.00		0.00		10.00
31-Mar		Washington, DC							/	24.00		0.00		24.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	44.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$44.00

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

travel to and from meetings for the month of March

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of

California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or

greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage.

DATE _____

SIGNATU

DATE _____

DATE _____

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES